

Please type a plus sign (+) inside this box ☐

Approved for use through 8/30/00. OMB 0661-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION -- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number <input type="text"/>		<input type="checkbox"/> Registered practitioner(s) name/registration number listed below	
Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☐ Correspondence address below

Name	ROBERT SAMUEL SMITH		
Address	1263 EMORY STREET		
Address			
City	SAN JOSE	State	CA
Country	USA	ZIP	95126
Telephone	408-287-1894	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
HELMUT RICHARD		ELZE	
Inventor's Signature		Date	08/30/03
Residence: City	OAKLAND	State	CA
		Country	USA
Post Office Address			
Pst Office Address	827 GROSVENOR PLACE		
City	OAKLAND	State	CA
		ZIP	94610
		Country	USA

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Full name of second inventor, if any

OLAF DIETRICH DIETRICH ELZE

(given name) (middle name of initial) (family or last name)

Inventor's signature [Signature]

Date 08/30/03 Country of citizenship USA

Residence 284 LA QUINTA CT

Post Office Address WALNUT CREEK
CALIFORNIA, 94598

Full name of third inventor, if any

MARK CAHRS

(given name) (middle name of initial) (family or last name)

Inventor's signature [Signature]

Date 08/30/03 Country of citizenship USA

Residence 2560 DOWNING AVENUE

Post Office Address SAN JOSE, CA 95128

Full name of fourth inventor, if any

(given name) (middle name of initial) (family or last name)

Inventor's signature _____

Date _____ Country of citizenship _____

Residence _____

Post Office Address _____

Declaration and Power of Attorney (1-1)